

<i>SERFF Tracking Number:</i>	<i>MTLC-127611397</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>MTL Insurance Company</i>	<i>State Tracking Number:</i>	<i>50090</i>
<i>Company Tracking Number:</i>	<i>4200-11</i>		
<i>TOI:</i>	<i>L07I Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L07I.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>Flex Endorsement</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: MTL Insurance Company

Product Name: Flex Endorsement

TOI: L07I Individual Life - Whole

Sub-TOI: L07I.101 Fixed/Indeterminate
Premium - Single Life

Filing Type: Form

SERFF Tr Num: MTLC-127611397 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 50090

Co Tr Num: 4200-11

State Status: Approved-Closed

Author: Jamie Jensson

Date Submitted: 10/21/2011

Reviewer(s): Linda Bird

Disposition Date: 10/27/2011

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

State Filing Description:

Implementation Date:

General Information

Project Name:

Project Number:

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Filing Status Changed: 10/27/2011

State Status Changed: 10/27/2011

Created By: Jamie Jensson

Corresponding Filing Tracking Number:

Filing Description:

Form 4200-11 is an endorsement that gives the policy owner the ability to make the premium amount paid each year for their Annual Premium Paid-Up Additional Insurance Rider flexible.

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type:

Overall Rate Impact:

Deemer Date:

Submitted By: Jamie Jensson

This endorsement will make our 1980 CSO riders perform similarly to our Flexible Premium Paid-Up Insurance Riders, Forms P44 and P45, recently approved.

This form is intended for use on new issues as well as inforce policies. It is a new form and does not replace any existing forms.

<i>SERFF Tracking Number:</i>	<i>MTLC-127611397</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>MTL Insurance Company</i>	<i>State Tracking Number:</i>	<i>50090</i>
<i>Company Tracking Number:</i>	<i>4200-11</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>Flex Endorsement</i>		
<i>Project Name/Number:</i>	<i>/</i>		

This endorsement will be used with Form 19-11, Form 19-11(1995), Form 19-10, Form 19-10 US, Form 21-15D, and Form 21-16D previously approved in your state.

Company and Contact

Filing Contact Information

Jamie Jensson, 1200 Jorie Blvd Oak Brook, IL 60523	JenssonJ@mutualtrust.com 800-323-7320 [Phone] 5397 [Ext]
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Filing Company Information

MTL Insurance Company 1200 Jorie Blvd. Oak Brook, IL 60522 (800) 323-7320 ext. [Phone]	CoCode: 66427 Group Code: Group Name: FEIN Number: 36-1516780	State of Domicile: Illinois Company Type: Life State ID Number:
-------------------------------------------------------------------------------------------------	------------------------------------------------------------------------	-----------------------------------------------------------------------

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	1 form @ \$50 per form
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
MTL Insurance Company	\$50.00	10/21/2011	53066281

SERFF Tracking Number:	MTLC-127611397	State:	Arkansas
Filing Company:	MTL Insurance Company	State Tracking Number:	50090
Company Tracking Number:	4200-11		
TOI:	L071 Individual Life - Whole	Sub-TOI:	L071.101 Fixed/Indeterminate Premium - Single Life
Product Name:	Flex Endorsement		
Project Name/Number:	/		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	10/27/2011	10/27/2011

SERFF Tracking Number: *MTLC-127611397*

State: *Arkansas*

Filing Company: *MTL Insurance Company*

State Tracking Number: *50090*

Company Tracking Number: *4200-11*

TOI: *L071 Individual Life - Whole*

Sub-TOI: *L071.101 Fixed/Indeterminate Premium - Single
Life*

Product Name: *Flex Endorsement*

Project Name/Number: */*

Disposition

Disposition Date: 10/27/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	MTLC-127611397	State:	Arkansas
Filing Company:	MTL Insurance Company	State Tracking Number:	50090
Company Tracking Number:	4200-11		
TOI:	L071 Individual Life - Whole	Sub-TOI:	L071.101 Fixed/Indeterminate Premium - Single Life
Product Name:	Flex Endorsement		
Project Name/Number:	/		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Sample Specifications Page & Statement of Variability		Yes
Form	Endorsement		Yes

SERFF Tracking Number:	MTLC-127611397	State:	Arkansas
Filing Company:	MTL Insurance Company	State Tracking Number:	50090
Company Tracking Number:	4200-11		
TOI:	L071 Individual Life - Whole	Sub-TOI:	L071.101 Fixed/Indeterminate Premium - Single Life
Product Name:	Flex Endorsement		
Project Name/Number:	/		

Form Schedule

Lead Form Number: 4200-11

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	Form 4200-11	Certificate Endorsement Amendment, Insert Page, Endorsement or Rider	Initial		62.600	4200-11.pdf

ENDORSEMENT

The Annual Premium Paid-Up Additional Insurance Rider form is hereby endorsed as the **Annual Premium Paid-Up Additional Insurance Rider, Flexible Version.**

In addition, the following is hereby added on Page 4q of the rider form, below paragraph one of the initial section:

Each year in which this rider is in force, the Payor may elect to pay a premium amount other than the stipulated premium. If a premium amount paid differs from the stipulated premium amount, the death benefit amount will be adjusted accordingly and will be different from the values shown on Page 3 of this policy. The adjusted death benefit will be calculated using the same basis that was used to determine the values shown on Page 3.

The total premium paid in one policy year (including any disability benefit payments applied as premium to this rider) must be:

1. Greater than or equal to the minimum annual premium as shown on Page 3 of this policy; *and*
2. Less than or equal to the maximum annual premium as shown on Page 3 of this policy.

This endorsement shall be effective as of the effective date of the rider.

This endorsement is hereby made a part of the policy. The endorsed provisions apply in lieu of any policy or rider provisions to the contrary.

MTL INSURANCE COMPANY

By

A handwritten signature in cursive script, appearing to read "Gen. Gaughan", written in black ink.

Sr. Vice President

SERFF Tracking Number:	MTLC-127611397	State:	Arkansas
Filing Company:	MTL Insurance Company	State Tracking Number:	50090
Company Tracking Number:	4200-11		
TOI:	L071 Individual Life - Whole	Sub-TOI:	L071.101 Fixed/Indeterminate Premium - Single Life
Product Name:	Flex Endorsement		
Project Name/Number:	/		

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachments: STATE OF ARKANSAS compliance form.pdf Certification of Readability- flex endorsement.pdf		
Satisfied - Item: Application Comments: Form 6329-11 previously approved 8/10/11 Attachment: 6329-11.pdf		
Bypassed - Item: Life & Annuity - Acturial Memo Bypass Reason: N/A Comments:		
Satisfied - Item: Sample Specifications Page & Statement of Variability Comments: Attachments: 19-11 APUAR Flex Version SPEC PAGE 3.pdf Variability items for 4200-11.pdf		

STATE OF ARKANSAS
CERTIFICATION OF COMPLIANCE

Company Name: MTL Insurance Company

Form Title(s): Endorsement

Form Numbers(s): 4200-11

I hereby certify that to the best of my knowledge and belief, the above form(s) and submission complies with Reg. 19 and 49, as well as the other laws and regulations of the State of Arkansas.

Roger L.
Barth

Digitally signed by Roger L. Barth
DN: cn=Roger L. Barth, o=MTL
Insurance Co, ou=Vice President,
Product Development,
email=BarthR@mutualtrust.com, c=US
Date: 2011.10.20 10:26:15 -05'00'

Roger L. Barth, FSA, MAAA
Vice President

10/20/11
Date

CERTIFICATE OF READABILITY

MTL Insurance Company by Roger L. Barth, Vice President, Product Development, does hereby certify that the accompanying forms identified by the listing below, have the scores listed, which were calculated using the Flesch Reading Ease Test, and are readable under the standards of said test.

FORM

FLESCH SCORE

4200-11

62.60

MTL INSURANCE COMPANY

By: **Roger L.
Barth**  Digitally signed by Roger L. Barth
DN: cn=Roger L. Barth, o=MTL
Insurance Co, ou=Vice President,
Product Development,
email=BarthR@mutualtrust.com, c=US
Date: 2011.10.20 10:30:05 -05'00'

Roger L. Barth, FSA, MAAA
Vice President

Dated: October 20, 2011

**Policy
Reissue / Change
Application**



MTL INSURANCE COMPANY®
A member of the MUTUAL TRUST FINANCIAL GROUP

Side A

1200 Jorie Boulevard • Oak Brook, Illinois 60523-2269
Toll Free: 1-800-323-7320 • www.mutualtrust.com

This is an application to change Policy Number _____ on the life of _____
as designated below, and the policy is returned to the Company for the change.

- ☐ **REISSUE** (Changes made at inception). Allowed up to six months from the date of issue, with the return of Page 3. | ☐ **CHANGE** (Changes made after inception). Over six months from the date of issue. Original policy will be endorsed.

Base Plan of Insurance: Current: _____ Proposed: _____
Face Amount: _____ Face Amount: _____

A change to a lower premium plan may be subject to evidence of insurability satisfactory to the Company. Complete Sides A, B, and the HIPAA Form.

☐ **Redate to:** _____ Subject to evidence of insurability if occurring more than 30 days after date of issue.
Complete Sides A, B, and the HIPAA Form.

☐ **Modification of Risk Classification:** _____

Riders and Benefits: Additions are subject to evidence of insurability satisfactory to the Company. Complete Sides A, B, and the HIPAA Form.
If requesting a new Proposed Insured - Complete Sides A and B of Form 6330-11.

	Full Pay	Add	Change	Remove													
<u>Traditional Life:</u>	<input type="checkbox"/>			<input type="checkbox"/>	Accelerated Death Benefit Rider												
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Waiver of Premium - "Own Occupation" <input type="checkbox"/> 2 year or <input type="checkbox"/> 5 year												
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Annual Premium Paid Up Insurance Rider: <input type="checkbox"/> Face Amount or <input type="checkbox"/> Premium \$ _____												
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single Premium Paid Up Insurance Rider: <input type="checkbox"/> Face Amount or <input type="checkbox"/> Premium \$ _____												
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flexible Premium Paid Up Insurance Rider: <input type="checkbox"/> Face Amount or <input type="checkbox"/> Initial Premium \$ _____ Maximum Annual Premium \$ _____ Stipulated Annual Premium \$ _____ Years Payable _____ <input type="checkbox"/> Disability Benefit Rider: Annual Benefit Amount \$ _____ Benefit Period _____ (in yrs)												
	<input type="checkbox"/>			<input type="checkbox"/>	Automatic Premium Payment Provision- Permanent Plans Only												
<u>Universal Life:</u>	<input type="checkbox"/>			<input type="checkbox"/>	Waiver of Monthly Deduction Rider												
<u>Additional Riders / Benefits:</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accidental Death \$ _____												
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Children Insurance \$ _____												
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Purchase Option \$ _____												
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Term Insurance Rider: <table border="1" style="display: inline-table;"><thead><tr><th>Proposed Insured's Name</th><th>Type</th><th>Amount</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table>	Proposed Insured's Name	Type	Amount									
Proposed Insured's Name	Type	Amount															

Prevent MEC: ☐ Yes ☐ No

Surrender Paid Up Additions Rider: ☐ Single ☐ Annual ☐ Flexible | ☐ Full or ☐ Partial | ☐ Face Amount or ☐ Cash Value
Amount \$ _____ Federal Taxes to be Withheld \$ _____
Disbursement Instructions: _____

Dividend Options: ☐ Buy Paid Up Additions ☐ Apply Toward Premium ☐ Maximum Accumulation (Flexible PUA Rider required)
☐ Accumulate at Interest ☐ Buy One Year Term Only ☐ One Year Term (Equal to the cash value of the basic plan)
☐ Paid in Cash ☐ _____ ☐ One Year Term / PUA's (Modified Whole Life Plans only)

Mode of Premium Payment desired: ☐ Annual ☐ Semi-Annual ☐ Other: _____
☐ Quarterly ☐ Pre-Authorized Payment Plan

This request shall not be effective until the application is approved and any necessary payment has been received by the Company at its Home Office.

Application made at: City _____ State _____ Signature - See Instructions Below
this _____ day of _____, _____

Witness: _____

WHO MUST SIGN SIDE A - 1) The Owner; 2) the Insured if other than the Owner; and 3) any Irrevocable Beneficiary, Creditor Beneficiary, or Assignee. Where the signature of a corporation is required, the name of the corporation should be filled in followed by the signature and title of an officer, and its corporate seal should be affixed.

Thank you for your request for a change to your policy.

As a part of our normal underwriting procedure, an investigative consumer report including information as to your character, general reputation, personal characteristics, and mode of living may be obtained. This information will be obtained through personal interviews with you and/or your friends, neighbors, and associates. Upon written request to our Policy Change Department, complete information as to the nature and scope of such report will be provided.

We appreciate the opportunity of serving your life insurance needs and want to assure you that your application will receive the most prompt and favorable consideration possible.

N83

MTL INSURANCE COMPANY
OAK BROOK, ILLINOIS 60523-2269

Please Note that information regarding your insurability will be treated as confidential, except that MTL Insurance Company or its reinsurer(s) may make a brief report thereon to the Medical Information Bureau. This is a non-profit membership organization of life insurance companies which operates an information exchange on behalf of its members. Upon request by another member insurance company to which you have applied for life or health insurance coverage or to which a claim is submitted, the Bureau will supply that company with the information it may have in its files.

Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file. (Medical information may be disclosed only to your attending physician.) If you question the accuracy of information in the Bureau's file, you may contact the Bureau and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of the Bureau's information office is 50 Braintree Hill, Suite 400, Braintree, Massachusetts 02184-8734; telephone number 866-692-6901 (www.mib.com).

MTL Insurance Company or its reinsurer(s) may also release information in its file directly to other life insurance companies to which you may apply for life or health insurance, or to which a claim for benefits may be submitted.

M83

**Policy
Reissue / Change
Application**

MTL Insurance Company

Side B

I hereby declare that the following statements and answers are complete and true to the best of my knowledge and belief, whether written in my own hand or not, and I agree that they shall be a basis for the policy reissue applied for under Policy Number: _____

1. Name of Insured or Applicant: _____

2. Date of Birth: _____

3. Employment: a. Occupation: _____ b. Annual Earned Income: \$ _____

c. Employer: Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

4. a. Total Insurance now in force with other companies:
Life \$ _____ Accidental Death \$ _____ Monthly Disability Income \$ _____

b. Last Policy Issued _____ by _____
Date Company

5. Has the Insured within the past five years flown in any type of aircraft as a pilot, student pilot or crew member, or does the Insured intend to do so in the next twelve months? ☐ Yes ☐ No (If Yes, complete Aviation Supplement)

6. Has the Insured EVER been advised of, diagnosed, tested positive for, sought consultation for, or been treated for: cancer, stroke, or heart attack (heart disease) by a member of the medical profession? ☐ Yes ☐ No (if Yes, explain).

7. Height _____ ft. _____ in. Weight _____ lbs Change in the past year _____ lbs.

Specify whether Gain or Loss and cause: _____

8. Has the Insured used tobacco or nicotine in any form in the past 12 months? ☐ Yes ☐ No

9. Has the Insured within the past 5 years:

a. Applied for insurance or reinstatement without receiving it exactly as requested? ☐ Yes ☐ No

b. Applied for or received any type of sickness or disability benefits, pension, or compensation? ☐ Yes ☐ No

If Yes, please explain: _____

10. Enter name and address of personal doctor (usual medical advisor), also date and reason last consulted.

Name: _____ Phone: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Date: _____ Reason: _____

11. Has the Insured ever plead guilty or been convicted of a felony? ☐ Yes ☐ No (If Yes, explain.)

12. Has the Insured been treated, examined or advised by a member of the medical profession during the past 5 years?

☐ Yes ☐ No (If Yes, give full particulars below.)

Reference to previous examinations for this Company is not acceptable as an answer in the following section.

Diagnosis	Date of Diagnosis	Dates of Treatment	Name, Address, and Phone of Doctor

Authorization

I acknowledge receipt of the disclosure statements regarding the investigative consumer report and the Medical Information Bureau, and authorize the Company to obtain a consumer investigative report if deemed necessary.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Application made at: City _____ State _____

this _____ day of _____, _____

Insured: _____

Witness: _____

POLICY SPECIFICATIONS

INSURED INFORMATION

Policy Number:	[999999999A]	Date of Issue:	[January 07, 2011]
Insured:	[John Trust]	Face Amount:	[\$274,454.43]
Issue Age:	[52]	Premium Mode:	[Quarterly]
Sex:	[Male]	Annual Policy Fee:	[\$50.00]
Premium Class:	[Standard]	Class:	[Non-Tobacco]

Beneficiary is as stated in the application, unless subsequently changed.
Owner is as stated in the application, unless subsequently changed.
Dividends are not guaranteed.

SCHEDULE OF BENEFITS AND PREMIUMS

Basic Plan	Plan Description	Face Amount	Maturity Date or Expiry Date	Annual Premium	Years Payable
[606]	[Life Paid Up At 90]	[\$254,866.00]	[January 07,2055]	[\$7,489.54]	[38]

Additional Benefits

Form Number	Plan Description	Face Amount	Maturity Date or Expiry Date	Annual Premium	Years Payable
Associated with the Primary Insured					
21-9	Waiver of Premium		[January 07, 2022]	[598.94]	[13]

Name: [John Trust]	Age: [54]	Sex: [Male]	Class: [Non-Tobacco]	
2 19-11	Annual Premium Paid-Up Insurance Rider, Flexible Version		[January 07, 2078]	[16]
	Initial Face Amount:	[\$19,588.43]		[13,848.89] [1]
	Subsequent Face Amounts:	See Schedule		[7,500.00] [16]
	(Stipulated [Quarterly] Premium: [\$1,875.00])			
	Annual Premium Paid-Up Insurance Rider, Flexible Version Limits:			
	Minimum Annual Premium:	[\$100.00]		
	Maximum Annual Premium:	[\$27,500.00]		
21-15D	Flexible Premium Paid-Up Insurance Disability Benefit Rider ([Quarterly] Benefit Amount: [\$2,000.00]) (Benefit Term is [11] Years.)		[January 07, 2022]	[151.11] [11]

Total Annual Premium: [\$14,999.98]

Initial Flexible Premium: [\$13,848.89]

Loan Interest Rate is Variable.

[Illinois] Dept of Insurance Telephone Number: [1-800-###-####]

Insured: [John Trust]

Policy Number: [999999999A]

Covered Insured: [John Trust]

Additional Benefit: (2) 19-11 – Annual Premium Paid-Up Insurance Rider, Flexible Version

Stipulated Premium Mode: [Quarterly]

Annual Premium Paid-Up Insurance Rider, Flexible Version Premium Limits:

Minimum Annual Premium: [\$100.00] Maximum Annual Premium: [\$27,500.00]

Schedule of Initial and Stipulated Modal Premiums and Death Benefits for Annual Premium Paid-Up Insurance Rider, Flexible Version assuming premium payments are made at the beginning of each modal period.

Attained Age	Initial/ Stipulated Annual Premium	Death Benefit Amount	Attained Age	Stipulated Annual Premium	Death Benefit Amount	Attained Age	Stipulated Annual Premium	Death Benefit Amount
[55]	[13,848.89]	[19,588.43]	[78]	[0.00]	[134,566.65]	[101]	[0.00]	[134,566.65]
[56]	[7,500.00]	[28,883.45]	[79]	[0.00]	[134,566.65]	[102]	[0.00]	[134,566.65]
[57]	[7,500.00]	[37,898.98]	[80]	[0.00]	[134,566.65]	[103]	[0.00]	[134,566.65]
[58]	[7,500.00]	[46,647.65]	[81]	[0.00]	[134,566.65]	[104]	[0.00]	[134,566.65]
[59]	[7,500.00]	[55,141.66]	[82]	[0.00]	[134,566.65]	[105]	[0.00]	[134,566.65]
[60]	[7,500.00]	[63,390.68]	[83]	[0.00]	[134,566.65]	[106]	[0.00]	[134,566.65]
[61]	[7,500.00]	[71,403.83]	[84]	[0.00]	[134,566.65]	[107]	[0.00]	[134,566.65]
[62]	[7,500.00]	[79,191.36]	[85]	[0.00]	[134,566.65]	[108]	[0.00]	[134,566.65]
[63]	[7,500.00]	[86,763.44]	[86]	[0.00]	[134,566.65]	[109]	[0.00]	[134,566.65]
[64]	[7,500.00]	[94,130.90]	[87]	[0.00]	[134,566.65]	[110]	[0.00]	[134,566.65]
[65]	[7,500.00]	[101,304.29]	[88]	[0.00]	[134,566.65]	[111]	[0.00]	[134,566.65]
[66]	[7,500.00]	[108,293.39]	[89]	[0.00]	[134,566.65]	[112]	[0.00]	[134,566.65]
[67]	[7,500.00]	[115,106.93]	[90]	[0.00]	[134,566.65]	[113]	[0.00]	[134,566.65]
[68]	[7,500.00]	[121,752.58]	[91]	[0.00]	[134,566.65]	[114]	[0.00]	[134,566.65]
[69]	[7,500.00]	[128,237.04]	[92]	[0.00]	[134,566.65]	[115]	[0.00]	[134,566.65]
[70]	[7,500.00]	[134,566.65]	[93]	[0.00]	[134,566.65]	[116]	[0.00]	[134,566.65]
[71]	[0.00]	[134,566.65]	[94]	[0.00]	[134,566.65]	[117]	[0.00]	[134,566.65]
[72]	[0.00]	[134,566.65]	[95]	[0.00]	[134,566.65]	[118]	[0.00]	[134,566.65]
[73]	[0.00]	[134,566.65]	[96]	[0.00]	[134,566.65]	[119]	[0.00]	[134,566.65]
[74]	[0.00]	[134,566.65]	[97]	[0.00]	[134,566.65]	[120]	[0.00]	[134,566.65]
[75]	[0.00]	[134,566.65]	[98]	[0.00]	[134,566.65]	[121]	[0.00]	[134,566.65]
[76]	[0.00]	[134,566.65]	[99]	[0.00]	[134,566.65]			
[77]	[0.00]	[134,566.65]	[100]	[0.00]	[134,566.65]			

Statement of Variability for Endorsement 4200-11

General Bracketed items on Page 3

- 1.) Insured: Name of Insured
- 2.) Issue Age: Minimum – 0
Maximum – 70
Actual used is Insured's Age Nearest Birthday on the Date of Issue
- 3.) Sex: Male or Female or Unisex
- 4.) Premium Class: Standard (for unrated policies)
Special (for rated policies including table extra premium and/or flat extra premium)
Actual determined by Underwriting
- 5.) Face Amount: Minimum – Amount purchased by \$50.00 annual premium
Maximum – No Limit
Selected by Insured subject to Underwriting
- 6.) Premium Mode: Monthly, Quarterly, Semi-Annual, or Annual
- 7.) Class: Non-Tobacco , Tobacco, or Standard (for Juveniles, Ages 0-17)
Actual determined by underwriting, smoking status, and issue age

Specific Bracketed items on Page 3 for Annual Premium Paid-Up Insurance Rider, Flexible Version

- 8.) Maturity Date: Date when the Insured reaches age 100
- 9.) Years Payable: Minimum: 1 year of premium
Maximum: Payable to attained age 75
Selected by Insured on Application
- 10.) Annual Premium: Annual Premium for Age, Face Amount and Class
For this rider, the Initial Premium and the Subsequent Annual Premiums are shown.
- 11.) Initial Face Amount: Minimum – Amount purchased by \$50.00 annual premium
Maximum – No Limit
Selected by Insured subject to Underwriting
Actual value is the Face Amount purchased with initial Flexible Premium Paid-Up Insurance Rider premium.
- 12.) Stipulated [Modal] Premium: Minimum – \$4.00
Maximum – Maximum [Modal] Premium
Selected by Insured on Application

- 13.) Minimum Annual Premium: Minimum –\$50
Maximum – Maximum Annual Premium
- 14.) Maximum Annual Premium: Minimum – Maximum of \$100 or Stipulated [Modal] Premium
Maximum – Subject to Underwriting
Selected by Insured on Application, subject to Underwriting

Specific Bracketed items on Continuation of Page 3 for Annual Premium Paid-Up Insurance Rider, Flexible Version

- 15.) Stipulated Premium Mode: Monthly, Quarterly, Semi-Annual, or Annual
- 16.) Minimum Annual Premium: Minimum –\$50
Maximum – Maximum Annual Premium
- 17.) Maximum Annual Premium: Minimum – Maximum of \$100 or Stipulated [Modal] Premium
Maximum – Subject to Underwriting
Selected by Insured on Application, subject to Underwriting
- 18.) Schedule of Initial and Stipulated Modal Premiums and Death Benefits:
-This section shows the total Initial & Stipulated Modal Premiums paid in each year and the Death Benefits that correspond to those premium payments. Years Payable and Stipulated Premium amounts shown are selected by the Insured.

All Bracketed items will not change for a policy once it is issued as long as the policy is in force.

CERTIFICATION FOR VARIABILITY

MTL Insurance Company by Roger L. Barth, Vice President, Product Development, does hereby certify that any change or modification to a variable item shall be administered in accordance with the requirements in the Variability of Information section, including any requirements for prior approval of a change or modification.

Signature: **Roger L. Barth**
Digitally signed by Roger L. Barth
DN: cn=Roger L. Barth, o=MTL Insurance Co, ou=Vice President, Product Development, email=BarthR@mutualtrust.com, c=US
Date: 2011.10.20 09:36:29 -05'00'

Roger L. Barth

Date: 10/20/11